

DISABILITY ELIGIBILITY STANDARDS AND EVALUATION PROCEDURES

AUTISM

1. **Definition** (State Board of Education Rule 0520-1-9-.02)

Autism means a developmental disability, which significantly affects verbal and nonverbal communication and social interaction, generally evident before age three (3) that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experience. The term does not apply if a child's educational performance is adversely affected primarily because the child has an Emotional Disturbance, as defined in this section.

The term of Autism also includes students who have been diagnosed with an Autism Spectrum Disorder such as Autism, Pervasive Developmental Disorder—Not Otherwise Specified (PDD-NOS) or Asperger's Syndrome when the child's educational performance is adversely affected. Additionally, it may also include a diagnosis of a Pervasive Developmental Disorder such as Rett's or Childhood Disintegrative Disorder. Autism may exist concurrently with other areas of disability.

After age three (3), a child could be diagnosed as having Autism if the child manifests the above characteristics. Children with Autism demonstrate the following characteristics prior to age 3:

- (1) difficulty relating to others or interacting in a socially appropriate manner;
- (2) absence, disorder, or delay in verbal and/or nonverbal communication; and
- (3) one or more of the following:
 - (a) insistence on sameness as evidenced by restricted play patterns, repetitive body movements, persistent or unusual preoccupations, and/or resistance to change;
 - (b) unusual or inconsistent responses to sensory stimuli.

2. **Evaluation**

The characteristics identified in the Autism Definition are present.

Evaluation Procedures

Evaluation of Autism shall include the following:

- (1) parental interviews including developmental history;
- (2) behavioral observations in two or more settings (can be two settings within the school);
- (3) physical and neurological information from a licensed physician, pediatrician or neurologist who can provide general health history to evaluate the possibility of other impacting health conditions;

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- (4) evaluation of speech/language/communication skills, cognitive/developmental skills, adaptive behavior skills and social skills; and
- (5) documentation, including observation and/or assessment, of how Autism Spectrum Disorder adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Autism Spectrum Disorders:

- (1) the parent;
- (2) the child's general education classroom teacher (with a child of less than school age, an individual qualified to teach a child of his/her age);
- (3) a licensed special education teacher;
- (4) a licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist;
- (5) a licensed physician, neurologist, pediatrician or primary health care provider; and
- (6) a certified speech/language teacher or specialist; and
- (7) other professional personnel as needed, such as an occupational therapist, physical therapist or guidance counselor.

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DEAF-BLINDNESS

1. **Definition** (State Board of Education Rule 0520-1-9-.02)

Deaf-Blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs by addressing any one of the impairments. A child with deaf-blindness shall have at least one of the following:

- (1) a child who meets criteria for Deafness/Hearing Impairment and Visual Impairment;
- (2) a child who is diagnosed with a degenerative condition or syndrome which will lead to Deaf-Blindness, and whose present level of functioning is adversely affected by both hearing and vision deficits; or
- (3) a child with severe multiple disabilities due to generalized central nervous system dysfunction, and who exhibits auditory and visual impairments or deficits which are not perceptual in nature.

2. **Evaluation**

The characteristics identified in the Deaf-Blindness Definition are present.

Evaluation Procedures

a. Evaluation of Deaf-Blindness shall include the required Evaluation Procedures for Hearing Impairment/Deafness and Visual Impairment and include the following:

- (1) Deafness/Hearing Impairment Procedures
 - (a) audiological evaluation;
 - (b) evaluation of speech and language performance;
 - (c) school history and levels of learning or educational performance;
 - (d) observation of the child's auditory functioning and classroom performance; and
 - (e) documentation, including observation and or assessment, of how Deafness/Hearing Impairment adversely impacts the child's educational performance in his/her learning environment.
- (2) Visual Impairment Procedures
 - (a) Eye exam and evaluation completed by an ophthalmologist or optometrist that documents the eye condition with the best possible correction and includes a description of etiology, diagnosis, and prognosis of the Visual Impairment evaluation;
 - (b) a written functional vision and media assessment, completed or compiled by a licensed teacher of students with visual impairments that includes:

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- i. observation of visual behaviors at school, home, or other environments;;
 - ii. educational implications of eye condition based upon information received from eye report;
 - iii. assessment and/or screening of expanded core curriculum skills (orientation and mobility, social interaction, visual efficiency, independent living, recreation and leisure, career education, assistive technology, and compensatory skills) as well as an evaluation of the child's reading and writing skills, needs, appropriate reading and writing media, and current and future needs for Braille; and;
 - iv. school history and levels of educational performance.
 - v. communication, sensory or motor disabilities; and
- (c) documentation, including observation and/or assessment, of how Visual Impairment adversely impacts the child's educational performance in his/her learning environment.
- c. Evaluation of a child with a suspected degenerative condition or syndrome which will lead to Deaf-Blindness shall include a medical statement confirming the existence of such a condition or syndrome and its prognosis.
- d. Additional evaluation of Deaf-Blindness shall include the following:
 - (1) expanded core curriculum skills assessment that includes Deafness/Hearing Impairment;
 - (2) assessment of speech and language functioning including the child's mode of communication;
 - (3) assessment of developmental and academic functioning; and
 - (4) documentation, including observation and/or assessment, of how Deaf-Blindness adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Deaf-Blindness:

- (1) the parent;
- (2) the child's general education classroom teacher;
- (3) a licensed special education teacher;
- (4) a licensed physician or audiologist;
- (5) a licensed speech/language teacher or specialist;
- (6) an ophthalmologist or optometrist;
- (7) a licensed teacher of students with Visual Impairments; and
- (8) other professional personnel, as indicated (e.g., low vision specialist, orientation and mobility instructor, school psychologist).

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DEAFNESS

1. Definition (State Board of Education Rule 0520-1-9-.02)

Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child's educational performance. The child has:

- (1) an inability to communicate effectively due to Deafness; and/or
- (2) an inability to perform academically on a level commensurate with the expected level because of Deafness; and/or
- (3) delayed speech and/or language development due to Deafness.

2. Evaluation

The characteristics identified in the Deafness Definition are present.

Evaluation Procedures

Evaluation of Deafness shall include the following:

- (1) audiological evaluation;
- (2) evaluation of speech and language performance;
- (3) school history and levels of learning or educational performance;
- (4) observation of classroom performance; and
- (5) documentation, including observation and/or assessment, of how Deafness adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Deafness:

- (1) the parent;
- (2) the child's general education classroom teacher;
- (3) a licensed special education teacher;
- (4) a licensed physician or audiologist;
- (5) a licensed speech/language teacher or specialist; and
- (6) other professional personnel, as indicated.

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DEVELOPMENTAL DELAY

1. **Definition** (State Board of Education Rule 0520-1-9-.02)

Developmental Delay refers to children aged three (3) through nine (9) who are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical, cognitive, communication, social or emotional, or adaptive development that adversely affects a child's educational performance. Other disability categories shall be used if they are more descriptive of a young child's strengths and needs. Local school systems have the option of using Developmental Delay as a disability category. Initial eligibility as Developmental Delay shall be determined before the child's seventh birthday.

2. **Evaluation**

The characteristics identified in the Developmental Delay Definition are present.

Evaluation Procedures

Evaluation of Developmental Delay shall include the following:

- a. Evaluation through an appropriate multi-measure diagnostic procedure, administered by a multi-disciplinary assessment team in all of the following areas (not only areas of suspected delays):
 - (1) physical development, which includes fine and gross motor skills combined;
 - (2) cognitive development;
 - (3) communication development, which includes receptive and expressive language skills combined;
 - (4) social/emotional development; and
 - (5) adaptive development.
- b. Demonstration of significant delay in one or more of the above areas which is documented by:
 - (1) performance on a standardized developmental evaluation instrument which yields a 1.5 standard deviations below the mean; or when standard scores for the instrument used are not available, a 25% delay based on chronological age in two or more of the developmental areas; or
 - (2) performance on a standardized developmental evaluation instrument which yields 2.0 standard deviations below the mean; or when standard scores for the instrument used are not available, a 40% delay based on chronological age in one of the developmental areas; and
 - (3) when one area is determined to be deficit by 2.0 standard deviations or 40% of the child's chronological age, the existence of other disability categories that are more descriptive of the child's learning style shall be ruled out.

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- c. Evaluation by appropriate team member(s) of the following:
 - (1) documentation of identifiable atypical development;
 - (2) measurement of developmental skills using individually administered procedures;
 - (3) examination of developmental strengths and needs of the child gathered from observation(s);
 - (4) observation by a qualified professional in an environment natural for the child which may include the school, child-care agency, and/or home/community to document delayed or atypical development,
 - (5) interview with the parent to discuss and confirm the noted strengths and needs in the child's development;
 - (6) a review of any existing records or data, and
 - (7) documentation, including observation and/or assessment, of how Developmental Delay adversely impacts the child's educational performance in his/her learning environment.
- d. After the age of seven, when reevaluation for continued eligibility is determined appropriate by the IEP Team, the reevaluation shall include at a minimum a multi-measure diagnostic procedure which includes a comprehensive psycho-educational assessment that measures developmental skills, cognitive functioning, and/or additional areas as determined appropriate by the IEP Team.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Developmental Delay:

- (1) the parent;
- (2) the child's general education classroom teacher (with a child of less than school age, an individual qualified to teach a child of his/her age),
- (3) a licensed early childhood special education teacher or special education teacher with pre-school experience and one or more of the following persons:
 - (a) a licensed school psychologist, licensed psychologist, licensed senior psychological examiner, or licensed psychological examiner;
 - (b) a licensed speech/language specialist;
 - (c) a licensed related services and medical specialists; and
 - (d) other personnel, as indicated.

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EMOTIONAL DISTURBANCE

1. **Definition** (State Board of Education Rule 0520-1-9-.02)

Emotional Disturbance means a condition exhibiting one or more of the following characteristics to a marked degree and over an extended period of time (during which time documentation of informal assessments and interventions are occurring)

1. inability to learn which cannot be explained by limited school experience, cultural differences, or intellectual, sensory, or health factors;
2. inability to build or maintain satisfactory interpersonal relationships with peers and school personnel;
3. inappropriate types of behavior or feelings when no major or unusual stressors are evident;
4. general pervasive mood of unhappiness or depression;
5. tendency to develop physical symptoms or fears associated with personal or school problems.

The term may include other mental health diagnoses. The term does not apply to children who are socially maladjusted, unless it is determined that they have an Emotional Disturbance. Social maladjustment includes, but is not limited to, substance abuse related behaviors, gang-related behaviors, oppositional defiant behaviors, and/or conduct behavior problems.

2. **Evaluation**

The characteristics identified in the Emotional Disturbance Definition are present.

Evaluation Procedures

Evaluation of Emotional Disturbance shall include a multifactored evaluation for initial placement that includes, but is not limited to, the following:

- (1) visual or auditory deficits ruled out as the primary cause of atypical behavior(s);
- (2) physical conditions ruled out as the primary cause of atypical behavior(s);
- (3) specific behavioral data which includes
 - (a) documentation of previous interventions, and
 - (b) evaluation of the locus of control of behavior to include internal and external factors;
- (4) direct and anecdotal observations over time and across various settings by three or more licensed professionals;
- (5) individual assessment of psycho-educational strengths and weaknesses, which include
 - (a) intelligence, behavior, and personality factors, and

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- (b) take into account any exceptionality of the individual in the choice of assessment procedures;
- (6) individual educational assessment (criterion- or norm-referenced) including direct measures of classroom performance to determine the student's strengths and weaknesses;
- (7) review of past educational performance;
- (8) comprehensive social history/assessment collected directly from the child's parent/guardian, custodial guardian, or if necessary, from an individual with intimate knowledge of the child's circumstances, history, or current behaviors which includes:
 - (a) family history,
 - (b) family-social interactions,
 - (c) developmental history,
 - (d) medical history (including mental health), and
 - (e) school history (including attendance and discipline records); and
- (9) documentation, including observation and/or assessment, of how Emotional Disturbance adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Emotional Disturbance:

- (1) the parent;
- (2) the child's general education classroom teacher(s);
- (3) a licensed special education teacher;
- (4) a licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist; and
- (5) other professional personnel (i.e., mental health service providers, and school social workers), as indicated.

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FUNCTIONAL DELAY

1. **Definition** (State Board of Education Rule 0520-1-9-.02)

Functional Delay means a continuing significant disability in intellectual functioning and achievement which adversely affects the student's ability to progress in the general school program, but adaptive behavior in the home or community is not significantly impaired and is at or near a level appropriate to the student's chronological age, including:

- a. significantly impaired intellectual functioning which is two or more standard deviations below the mean, and difficulties in these areas cannot be the primary reason for significantly impaired scores on measures of intellectual functioning:
 - (1) limited English proficiency;
 - (2) cultural factors;
 - (3) medical conditions that impact school performance;
 - (4) environmental factors;
 - (5) communication, sensory or motor disabilities.
- b. deficient academic achievement which is at or below the fourth percentile in two or more total or composite scores in the following areas:
 - (1) basic reading skills;
 - (2) reading fluency skills;
 - (3) reading comprehension;
 - (4) mathematics calculation;
 - (5) mathematics problem solving;
 - (6) written expression.
- c. home or school adaptive behavior scores that fall above the level required for meeting Mental Retardation eligibility standards.

2. **Evaluation**

The characteristics identified in the Functional Delay Definition are present.

Evaluation Procedures

Evaluation of Functional Delay shall include the following:

- a. Intelligence evaluation with an individual, standardized test of cognition or intellectual ability which takes into consideration the following:
 - (1) selection of test instrument(s) that are sensitive to cultural, linguistic or sensory factors;
 - (2) interpretation of test scores which take into account:
 - (a) the standard error of measurement for the test at the 68th percent confidence level, and
 - (b) factors that may affect test performance; including:

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- i. limited English proficiency;
 - ii. cultural factors;
 - iii. medical conditions that impact school performance;
 - iv. environmental factors;
 - v. communication, sensory or motor disabilities; and
- (c) determination that test performance due to these factors is not the primary reason for significantly impaired scores on measures of intellectual functioning.
- b. Achievement evaluation with individual, standardized achievement test(s) in the areas of:
 - (1) basic reading skills,
 - (2) reading fluency skills,
 - (3) reading comprehension,
 - (4) mathematics calculation,
 - (5) mathematics problem solving, and
 - (6) written expression;
- c. Home or school adaptive behavior assessment which is evaluated by individual, standardized instruments and determined by scores as appropriate; and
- d. Documentation, including observation and/or assessment, of how Functional Delay adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Functional Delay:

- (1) the parent;
- (2) the child's general education classroom teacher;
- (3) a licensed special education teacher;
- (4) a licensed school psychologist, licensed psychologist, licensed senior psychological examiner, or licensed psychological examiner; and
- (5) other professional personnel, as indicated.

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HEARING IMPAIRMENT

1. **Definition** (State Board of Education Rule 0520-1-9-.02)

Hearing Impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but does not include Deafness.

A child shall have one or more of the following characteristics:

- (1) inability to communicate effectively due to a Hearing Impairment;
- (2) inability to perform academically on a level commensurate with the expected level because of a Hearing Impairment;
- (3) delayed speech and/or language development due to a Hearing Impairment.

2. **Evaluation**

The characteristics identified in the Hearing Impairment Definition are present.

Evaluation Procedures

Evaluation of Hearing Impairment shall include the following:

- (1) audiological evaluation;
- (2) evaluation of speech and language performance;
- (3) school history and levels of learning or educational performance;
- (4) observation of classroom performance; and
- (5) documentation, including observation and/or assessment, of how Hearing Impairment adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Hearing Impairment:

- (1) the parent;
- (2) the child's general education classroom teacher (with a child of less than school age, an individual qualified to teach a child of his/her age);
- (3) a licensed special education teacher;
- (4) an audiologist or licensed physician;
- (5) a licensed speech/language teacher or specialist; and
- (6) other professional personnel, as indicated.

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INTELLECTUALLY GIFTED

1. **Definition** (State Board of Education Rule 0520-1-9-.02)

“Intellectually Gifted” means a child whose intellectual abilities and potential for achievement are so outstanding the child’s educational performance is adversely affected. “Adverse affect” means the general curriculum alone is inadequate to appropriately meet the student’s educational needs.

2. **Evaluation**

The characteristics identified in the Intellectually Gifted Definition are present.

Evaluation Procedures

Evaluation of Intellectually Gifted shall include the following:

- a. Assessment through a multi-modal identification process, wherein no singular mechanism, criterion or cut-off score is used for determination of eligibility that includes evaluation and assessment of:
 - (1) educational performance
 - (2) creativity/characteristics of intellectual giftedness, and;
 - (3) cognition/intelligence;
- b. Individual evaluation procedures that include appropriate use of instruments sensitive to cultural, linguistic, and environmental factors or sensory impairments;
- c. Multiple criteria and multiple assessment measures in procedures followed for screening and comprehensive assessment that include:
 - (1) Systematic Child Find and Individual Screening:
 - (a) systematic child-find for students who are potentially gifted to include at least one grade level screening, and
 - (b) individual screening of these students in grades K-12 in the areas of:
 - i. educational performance, and
 - ii. creativity/characteristics of giftedness; and
 - (c) a team review of individual screening results to determine need for referral for comprehensive assessment;
 - (2) Comprehensive Assessment:
 - (a) individual evaluation of cognition or intellectual ability;
 - (b) individual evaluation of educational performance and creativity/characteristics of giftedness, the need for expanded assessment and evaluation in each of these areas to be based on results of Individual Screening; and regardless of specific criteria used to determine or identify the student with Intellectual Giftedness;

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- (c) completion of assessment procedures in the three component areas (cognition, educational performance and creativity/ characteristics of giftedness) for program and services planning; and
- (d) documentation, including observation and/or assessment, of how Intellectual Giftedness adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

- a. Information shall be gathered from the following persons in the evaluation of Intellectual Giftedness:
 - (1) the parent;
 - (2) the child's referring teacher, or a general classroom teacher qualified to teach a child of his/her age, who is familiar with the student (with a child of less than school age, an individual qualified to teach a child of his/her age, who is familiar with the child); and when appropriate, in collaboration with the ESL teacher, when the child is an English Language Learner;
 - (3) a licensed special education teacher and/or a licensed teacher who meets the employment standards in gifted education;
 - (4) a licensed school psychologist, licensed psychological examiner, licensed senior psychological examiner, or licensed psychologist;
 - (5) other professional personnel, as indicated.
- b. At least one of the evaluation participants [(2), (3), (4), or (5)] must be trained in the characteristics of gifted children.

MENTAL RETARDATION

1. Definition (State Board of Education Rule 0520-1-9-.02)

Mental Retardation is characterized by significantly impaired intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affect a child's educational performance.

2. Evaluation

The characteristics as identified in the Mental Retardation Definition are present.

Evaluation Procedures

Evaluation of Mental Retardation shall include the following:

- a. Assessment of intelligence/cognitive abilities, adaptive behaviors at school and in the home, and developmental assessment as follows:
 - (1) intellectual functioning, determined by appropriate assessment of intelligence/cognitive abilities which results in significantly impaired intellectual functioning, which is two or more standard deviations below the mean, with consideration given to the standard error of measurement for the test at the 68th percent confidence level, on an individually administered, standardized measure of intelligence;
 - (2) significantly impaired adaptive behavior in the home or community determined by:
 - (a) a composite score on an individual standardized instrument to be completed with or by the child's principal caretaker which measures two standard deviations or more below the mean. Standard scores shall be used. A composite age equivalent score that represents a 50% delay based on chronological age can be used only if the instrument fails to provide a composite standard score, and
 - (b) additional documentation, when appropriate, which may be obtained from systematic documented observations, impressions, developmental history by an appropriate specialist in conjunction with the principal caretaker in the home, community, residential program or institutional setting; and
 - (3) significantly impaired adaptive behavior in the school, daycare center, residence, or program as determined by:
 - (a) systematic documented observations by an appropriate specialist, which compare the child with other children of his/her chronological age group. Observations shall address age-appropriate adaptive behaviors. Adaptive behaviors to be observed in each age range include:
 - i. birth to 6 years – communication, self-care, social skills, and physical development;

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- ii. 6 to 13 years – communication, self-care, social skills, home living, community use, self-direction, health and safety, functional academics, and leisure;
 - iii. 14 to 21 years – communication, self-care, social skills, home-living, community use, self-direction, health and safety, functional academics, leisure, and work; and
- (b) when appropriate, an individual standardized instrument may be completed with the principal teacher of the child. A composite score on this instrument shall measure two standard deviations or more below the mean. Standard scores shall be used. A composite age equivalent score that represents a 50% delay based on chronological age can be used only if the instrument fails to provide a composite standard score; and
- (4) Assessments and interpretation of evaluation results in evaluation standards 2.a.(1), 2.a.(2), and 2.a.(3) shall take into account factors that may affect test performance, including:
- (a) limited English proficiency;
 - (b) cultural factors;
 - (c) medical conditions that impact school performance;
 - (d) environmental factors;
 - (e) communication, sensory or motor disabilities; and
 - (f) difficulties in these areas cannot be the primary reason for significantly impaired scores on measures of intellectual functioning, home, and school adaptive behavior.
- b. Developmental history which indicates delays in cognitive/intellectual abilities (intellectual impairment manifested during the developmental period (birth to 18) as documented in background information and history and a current demonstration of delays present in the child's' natural (home and school) environment.
- c. Documentation, including observation and/or assessment of how Mental Retardation adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Mental Retardation:

- (1) the parent;
- (2) the child's general education classroom teacher;
- (3) a licensed special education teacher;
- (4) a licensed school psychologist, licensed psychologist, licensed senior psychological examiner, or licensed psychological examiner; and
- (5) other professional personnel, as indicated.

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MULTIPLE DISABILITIES

1. Definition (State Board of Education Rule 0520-1-9-.02)

Multiple Disabilities means concomitant impairments (such as Mental Retardation-Deafness, Mental Retardation-Orthopedic Impairment), the combination of which causes such severe educational needs that they cannot be accommodated by addressing only one of the impairments. The term does not include Deaf-Blindness.

2. Evaluation

The characteristics as identified in the Multiple Disabilities Definition are present.

Evaluation Procedures

Evaluation of Multiple Disabilities shall include the following:

- a. Evaluation, following the procedures for each disability;
- b. Determination of eligibility based on the definition and standards for two or more disabilities;
- c. The nature of the combination of the student's disabilities require significant developmental and educational programming that cannot be accommodated with special education programs by addressing any one of the identified disabilities; and
- d. Documentation, including observation and/or assessment, of how Multiple Disabilities adversely impact the child's educational performance in his/her environment.

Evaluation Participants

Information shall be gathered from those persons designated for each disability included in the evaluation of Multiple Disabilities.

ORTHOPEDIC IMPAIRMENT

1. Definition (State Board of Education Rule 0520-1-9-.02)

Orthopedic Impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g. club foot, absence of some member), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g. cerebral palsy, amputations, and fractures or burns that cause contractures).

2. Evaluation

The characteristics as identified in the Orthopedic Impairment Definition are present.

Evaluation Procedures

Evaluation of Orthopedic Impairment shall include the following:

- (1) Medical evaluation of the child's Orthopedic Impairment by a licensed physician;
- (2) Social and physical adaptive behaviors (mobility and activities of daily living) which relate to Orthopedic Impairment; and
- (3) Documentation, including observation and/or assessment, of how Orthopedic Impairment adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Orthopedic Impairment:

- (1) the parent;
- (2) the child's general education classroom teacher(s);
- (3) a licensed special education teacher
- (4) a licensed physician; and
- (5) other professional personnel as indicated (i.e., Occupational Therapist, Physical Therapist, or-Assistive Technology Specialist).

OTHER HEALTH IMPAIRMENT

1. **Definition** (State Board of Education Rule 0520-1-9-.02)

Other Health Impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, Attention Deficit Hyperactivity Disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia; and Tourette's Syndrome that adversely affects a child's educational performance.

A child is "Other Health Impaired" who has chronic or acute health problems that require specially designed instruction due to:

- (1) impaired organizational or work skills;
- (2) inability to manage or complete tasks;
- (3) excessive health related absenteeism; or
- (3) medications that affect cognitive functioning.

2. **Evaluation**

The characteristics as identified in the Other Health Impairment Definition are present.

Evaluation Procedures

Evaluation of Other Health Impairment shall include the following:

- a. The evaluation report used for initial eligibility shall be current within one year and include the following:

- (1) an evaluation from a licensed health services provider* that includes:
 - (a) medical assessment and documentation of the student's health;
 - (b) any diagnoses and prognoses of the child's health impairments;
 - (c) information, as applicable, regarding medications; and
 - (d) special health care procedures, special diet and/or activity restrictions.

*TCA and the Board of Examiners in Psychology clearly give health services provider designated psychologists the legal and ethical authority to assess, diagnose, and treat ADHD. A psychological evaluation does not replace the need for a medical evaluation as described in (1) (a).

- (2) a comprehensive psycho-educational assessment which includes measures that document the student's educational performance in the following areas:
 - (a) pre-academics or academic skills,
 - (b) adaptive behavior,
 - (c) social/emotional development,
 - (d) motor skills,

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- (e) communication skills, and
 - (f) cognitive ability.
- b. documentation, including observation and/or assessment, of how Other Health Impairment adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Other Health Impairment:

- (1) the parent;
- (2) the child's general education classroom teacher;
- (3) a licensed special education teacher;
- (4) a licensed medical health services provider (such as licensed physician, physician's assistant or nurse practitioner);
- (5) a licensed school psychologist, licensed psychological examiner, licensed senior psychological examiner, or licensed psychologist; and
- (6) other professional personnel as indicated.

SPEECH OR LANGUAGE IMPAIRMENT

1. Definition (State Board of Education Rule 0520-1-9-.02)

Speech or Language Impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or voice impairment that adversely affects a child's educational performance.

Speech or Language Impairment include demonstration of impairments in the areas of language, articulation, voice, or fluency.

- (1) Language Impairment – A significant deficiency not consistent with the student's chronological age in one or more of the following areas:
 - (a) a deficiency in receptive language skills to gain information;
 - (b) a deficiency in expressive language skills to communicate information;
 - (c) a deficiency in processing (auditory perception) skills to organize information.
- (2) Articulation Impairment – A significant deficiency in ability to produce sounds in conversational speech not consistent with chronological age.
- (3) Voice Impairment – An excess or significant deficiency in pitch, intensity, or quality resulting from pathological conditions or inappropriate use of the vocal mechanism.
- (4) Fluency Impairment – Abnormal interruption in the flow of speech by repetitions or prolongations of a sound, syllable, or by avoidance and struggle behaviors.

Speech or Language deficiencies identified cannot be attributed to characteristics of second language acquisition and/or dialectic differences.

2. Evaluation

The characteristics as identified in the Speech or Language Definition are present.

Evaluation Procedures

Evaluation of Speech or Language Impairments shall include the following:

- a. Language Impairment – a significant deficiency in language shall be determined by:
 - (1) an analysis of receptive, expressive, and/or composite test scores that fall at least 1.5 standard deviations below the mean of the language assessment instruments administered; and
 - (2) a minimum of two measures shall be used, including criterion-referenced and/or norm-referenced instruments, functional communication analyses, and language samples. At least one standardized comprehensive measure of language ability shall be included in the evaluation process.

Evaluation of language abilities shall include the following:

- (a) hearing screening;

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- (b) receptive language: vocabulary, syntax, morphology;
 - (c) expressive language: mean length of utterance, syntax, semantics, pragmatics, morphology; and
 - (d) auditory perception: selective attention, discrimination, memory, sequencing, association, and integration.
- (3) documentation, including observation and/or assessment, of how Language Impairment adversely impacts his/her educational performance in his/her learning environment.
- b. Articulation Impairment – a significant deficiency in articulation shall be determined by one of the following:
 - (1) articulation error(s) persisting one year beyond the highest age when 85% of students have acquired the sounds based upon current developmental norms;
 - (2) evidence that the child's scores are at a moderate, severe, or profound rating on a measure of phonological processes; or
 - (3) misarticulations that interfere with communication and attract adverse attention.

Evaluation of articulation abilities shall include the following:

 - (a) appropriate formal/informal instrument(s);
 - (b) stimulability probes;
 - (c) oral peripheral examination; and
 - (d) analysis of phoneme production in conversational speech.
 - (4) documentation, including observation and/or assessment, of how Articulation Impairment adversely impacts his/her educational performance in his/her learning environment.
- c. Voice Impairment – evaluation of vocal characteristics shall include the following:
 - (1) hearing screening;
 - (2) examination by an otolaryngologist;
 - (3) oral peripheral examination; and
 - (4) documentation, including observation and/or assessment, of how Voice Impairment adversely impacts his/her educational performance in his/her learning environment.
- d. Fluency Impairment – evaluation of fluency shall include the following:
 - (1) hearing screening;
 - (2) information obtained from parents, students, and teacher(s) regarding non-fluent behaviors/attitudes across communication situations;
 - (3) oral peripheral examination; and
 - (4) documentation, including observation and/or assessment, of how Fluency Impairment adversely impacts his/her educational performance in his/her learning environment.

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Evaluation Participants

Information shall be gathered from the following persons in the evaluation of a Speech or Language Impairment:

- (1) the parent;
- (2) the child's general education classroom teacher;
- (3) a licensed school speech-language pathologist, a licensed speech-language pathologist, a licensed speech-language therapist, and a speech-language teacher if working under the direction of a licensed school speech-language pathologist or licensed speech-language pathologist;
- (4) a licensed special education teacher, when appropriate;
- (5) a licensed otolaryngologist (for voice impairments only); and
- (6) other professional personnel, as indicated.

TRAUMATIC BRAIN INJURY

1. Definition (State Board of Education Rule 0520-1-9-.02)

Traumatic Brain Injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

Traumatic Brain Injury may include all of the following:

- (1) an insult to the brain caused by an external force that may produce a diminished or altered state of consciousness; and
- (2) the insult to the brain induces a partial or total functional disability and results in one or more of the following:
 - (a) Physical impairments such as, but not limited to:
 - i. speech, vision, hearing, and other sensory impairments,
 - ii. headaches,
 - iii. fatigue,
 - iv. lack of coordination,
 - v. spasticity of muscles,
 - vi. paralysis of one or both sides,
 - vii. seizure disorder.
 - (b) Cognitive impairments such as, but not limited to:
 - i. attention or concentration,
 - ii. ability to initiate, organize, or complete tasks,
 - iii. ability to sequence, generalize, or plan,
 - iv. flexibility in thinking, reasoning or problem solving,
 - v. abstract thinking,
 - vi. judgment or perception,
 - vii. long-term or short term memory, including confabulation,
 - viii. ability to acquire or retain new information,
 - ix. ability to process information/processing speed.
 - (c) Psychosocial impairments such as, but not limited to:
 - i. impaired ability to perceive, evaluate, or use social cues or context appropriately that affect peer or adult relationships,
 - ii. impaired ability to cope with over-stimulation environments and low frustration tolerance,

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- iii. mood swings or emotional lability,
- iv. impaired ability to establish or maintain self-esteem,
- v. lack of awareness of deficits affecting performance,
- vi. difficulties with emotional adjustment to injury (anxiety, depression, anger, withdrawal, egocentricity, or dependence),
- vii. impaired ability to demonstrate age-appropriate behavior,
- viii. difficulty in relating to others,
- ix. impaired self-control (verbal or physical aggression, impulsivity),
- x. inappropriate sexual behavior or disinhibition,
- xi. restlessness, limited motivation and initiation,
- xii. intensification of pre-existing maladaptive behaviors or disabilities.

The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

2. Evaluation

The characteristics as identified in the Traumatic Brain Definition are present.

Evaluations Procedures

Evaluation of Traumatic Brain Injury shall include the following:

- (1) appropriate medical statement obtained from a licensed physician;
- (2) parent/caregiver interview;
- (3) educational history and current levels of educational performance;
- (4) functional assessment of cognitive/communicative abilities;
- (5) social adaptive behaviors which relate to Traumatic Brain Injury;
- (6) physical adaptive behaviors which relate to Traumatic Brain Injury; and
- (7) documentation, including observation and/or assessment of how Traumatic Brain Injury adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Traumatic Brain Injury:

- (1) the parent;
- (2) the child's general education teacher;
- (3) a licensed special education teacher;
- (4) a licensed physician; and
- (5) other professional personnel, as indicated.

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VISUAL IMPAIRMENT

1. Definition (State Board of Education Rule 0520-1-9-.02)

Visual Impairment including blindness means impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

Visual Impairment includes at least one of the following:

- (1) visual acuity in the better eye or both eyes with best possible correction:
 - (a) legal blindness – 20/200 or less at distance and/or near;
 - (b) low vision – 20/50 or less at distance and/or near.
- (2) visual field restriction with both eyes:
 - (a) legal blindness – remaining visual field of 20 degrees or less;
 - (b) low vision – remaining visual field of 60 degrees or less;
 - (c) medical and educational documentation of progressive loss of vision, which may in the future affect the student's ability to learn visually.
- (3) other Visual Impairment, not perceptual in nature, resulting from a medically documented condition.

2. Evaluation

The characteristics as identified in the Visual Impairment Definition are present.

Evaluation Procedures

Evaluation of Visual Impairment shall include the following:

- (1) evaluation by an ophthalmologist or optometrist that documents the eye condition with the best possible correction;
- (2) a written functional vision and media assessment, completed or compiled by a licensed teacher of students with visual impairments that includes:
 - (a) observation of visual behaviors at school, home, or other environments;
 - (b) educational implications of eye condition based upon information received from eye report;
 - (c) assessment and/or screening of expanded core curriculum skills (orientation and mobility, social interaction, visual efficiency, independent living, recreation and leisure, career education, assistive technology, and compensatory skills) as well as an evaluation of the child's reading and writing skills, needs, appropriate reading and writing media, and current and future needs for braille;
 - (d) school history and levels of educational performance; and
- (3) documentation, including observation and/or assessment, of how Visual Impairment adversely impacts the child's educational performance in his/her learning environment.

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Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Visual Impairment:

- (1) the parent;
- (2) the child's general education classroom teacher; and
- (3) a licensed teacher of students with Visual Impairments;
- (4) a licensed special education teacher;
- (5) an ophthalmologist or optometrist;
- (6) other professional personnel, as indicated (e.g., low vision specialist, orientation and mobility instructor, school psychologist).